P076 DETERMINANTS OF DISEASE LOCATION IN PAEDIATRIC CROHN’S DISEASE – EFFECT OF AGE AND SEX IN THE CEDATA-REGISTRY

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Objective: To define the effect of age and sex on disease location in CD by two statistical approaches in patients aged 0–16 from the CEDATA registry. Age was examined as a continuous variable and grouped. Location was examined grouped (Montreal) and dichotomized (small bowel, large bowel, upper GI only).

Results: At diagnosis 25 children (9.5%) displayed height <3SD, 114 (45%) weight <3SD and BMI <3SD. The z-scores of height, weight and BMI were determined. Mean male (yrs) was as follows: L1 small bowel, 13.8 (+ upper GI (L4), 13.5); L2 large bowel, 12.2 (+ L4, 12.9); L3 small and large, 12.9 (+ L4 12.6); L4 upper GI only, 12.3. Differences between L1 and L2 (p = 0.011) and L1 and L3 (p = 0.02) were statistically significant. There was no effect of sex, but centre size contributed significant interaction. The risk for small bowel involvement was very low in young children (age 0–5; OR 0.19, 95% CI 0.06 to 0.63) and increased with age (age 6–10 OR 0.48, 95% CI 0.30 to 0.77; age 11–13 OR 0.58, 95% CI 0.40 to 0.97; reference: age 14–16). In contrast, the OR for large bowel involvement in young children (0–5 yrs) was 1.96 (1.12 to 3.45) and decreased with age. Odds ratios for girls (vs. boys) were strongly decreased for isolated upper GI involvement (OR 0.13, 95% CI 0.03 to 0.54).

Conclusion: Small bowel involvement is dependent on age but not sex, while upper GI location is determined by sex but not age. Future analyses will explore evolution over time.

P077 IMAGING OF THE SMALL INTESTINE WITH THE USE OF ENTEROCLYSIS IN CHILDREN WITH INFLAMMATORY BOWEL DISEASES

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Enteroclysis is the double contrast exam of small bowel, with the use of multidetector CT, which has replaced conventional examination.

Aim: Presentation of own experience of CT enteroclysis in children with inflammatory bowel diseases (IBD).

Material and Methods: CT enteroclysis was performed in 17 children: Crohn’s disease (CD n = 7), ulcerative colitis (UC n = 6), indeterminate colitis (IC n = 4). In all patients volume challenge of 1500–2000ml of enteral contrast agents (methylcellulose and gastrografin) was administered to the small bowel through the nasojunal catheter placed beyond the ligament of Treitz and the intravenous contrast medium was given. Next CT images were obtained.

Results: In all patients with CD enteroclysis depicted abnormalities: inflammatory changes in the distal part of ileum with narrowing of its lumen. In 1 patient with CD 2 fistulae were detected. In children with initially diagnosed UC, enteroclysis didn’t reveal any pathological changes, what finally confirmed the diagnosis. There weren’t any abnormalities in children with IC. In 1 patient with IC enteroclysis excluded changes seen in small-bowel follow-through exam. During examination nausea, abdominal pain and bloating were observed in 4 patients. The rest of children tolerated contrast agents well. The average time of duration of the exam was 35 minutes.

Conclusion: CT enteroclysis is the thorough radiological technique for evaluation of the small intestine, which improves diagnostic methods of IBD. The side-effects seen during enteroclysis don’t have influence on technique value of the exam.

P078 NUTRITIONAL STATUS AND GROWTH IN PEDIATRIC CROHN’S DISEASE (CD): A POPULATION BASED STUDY

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Background and Aims: We looked at nutritional and growth parameters from diagnosis to maximal follow-up in a CD population-based pediatric cohort and determined predictive factors of these parameters.

Methods: 261 patients (156 M) with onset of CD <17 y. were identified from 1998 to 2008. Mean age at diagnosis was 13 y. [11, 2–15.4], median follow-up was 73 mo. [46–114]. Z-scores of height, weight and BMI were determined. Multivariate stepwise regression identified predictive factors of malnutrition and growth retardation at maximal follow-up.

Results: At diagnosis 25 children (9.3%) displayed height −<2SD, 70 (27%) weight −<2SD and 84 (32%) BMI −<2SD. At maximal follow-up growth retardation was present in 18 children (6.9%) whereas 40 (15%) presented with malnutrition. Nutritional status was more severely impaired in steroiding disease. Growth and nutritional retardation at diagnosis, young age, male gender and EIMs at diagnosis were of bad prognosis. No treatment was associated with weight, height and BMI at maximal follow-up.

Conclusion: In a pediatric population based study growth retardation and severe malnutrition are still present at maximal follow-up in 6.9% and 15% of CD children respectively. Young boys with important inflammatory manifestations of CD are the most at-risk for subsequent growth failure especially when growth retardation is present at diagnosis.

P079 EARLY ONSET IBD AND IBD MIMICKING COLITIS

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Background: Inflammatory bowel disease (IBD) rarely occurs in neonatal and infantile periods. The criteria for differentiating IBD from other diseases are unclear.

Objectives: To aim of this study is to review our cases of early onset IBD and IBD mimicking colitis.

Patients and Methods: Seven patients, who received diagnosis of IBD during the first two years between 2000 and 2008, were retrospectively reviewed about clinical presentation, therapy, and outcome.

Results: Six patients presented with Crohn’s disease (CD) and 1 patient with Ulcerative Colitis (UC). Many of the patients with CD required an aggressive, mainly immunosuppressive approach including thiopurines, cyclosporine A, thalidomide, tacrolimus, methotrexate, and Infliximab. All patients with CD are colonic type without small intestinal involvements. Five of 6 patients received surgical approach including colectomy and ileostomy. Two of 6 patients were finally diagnosed as chronic granulomatous disease (CGD) and autoimmune intestinal Ileomyositis. Two patients with CD and CGD died of sepsis. In a patient with UC, prednisone and 5-aminosalicylic acid induced remission. She keeps remission without steroid at present.

Conclusion: Early onset IBD, especially CD, has a severe prognosis and often needs an aggressive approach including multidrugs and surgical therapy. Moreover, some severe immunodeficiencies and autoimmune diseases may represent as differential diagnosis, which also have poor prognosis.

P080 PEDIATRIC INFLAMMATORY BOWEL DISEASE, REVIEW OF 22 CASES FROM TURKEY

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Background: Inflammatory bowel disease (IBD) has a broad spectrum of clinical presentation in children, hence it is rather difficult to diagnose, classify and treat during childhood.

Objective: The aim was to describe the characteristics of children with IBD followed up in a tertiary referral center.

Methods: Clinical characteristics and the course of the disease in 22 IBD patients, who were between 4–18 years were analyzed.

Conclusion: Of total 22 patients, 5 were diagnosed with Indeterminate Colitis (IDC) (%23), 10 with Crohn Disease (CD) (%45), and 7 with Ulcerative Colitis (UC) (%32). Nine of them had consanguinity among parents. The duration of follow-up was 34.5±31.6 months. Classical triad of abdominal pain, loss and diarrha was the presenting findings in 50% of children with CD. The most common symptom was bloody stool in UC and IDC. Elevated ESR and thrombocytosis were more prominent in patients with UC. Upper GI tract were affected in 40% of CD patients. Severe pancolitis was found in 57% of the patients with UC, 5-aminosalicylic acid (5 ASA) was the most common initial therapy followed by 5 ASA and systemic steroids. AZA in combination with 5 ASA (27%) or 5 ASA alone (73%) was used in the maintenance. Infliximab was added to the treatment due to poor response in 2. Remission was obtained in all but one UC patient, and cyclosporine was added to the treatment. Eventually she underwent a colectomy. IBD is not an infrequent disease in pediatric population. Due to the differences in presentation and difficulties in management of the pediatric IBD’s further awareness is required.

P081 PANCREATIC ANTIBODIES ARE ASSOCIATED WITH ANTI-SACCHAROMYCYES CEREVISIAE ANTIBODIES AND MORE COMPLICATED DISEASE PHENOTYPE BUT NOT WITH NOD2/CARD15 MUTATIONS IN PEDIATRIC CROHN’S DISEASE

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Aim: Antibodies against pancreas (PAB) are highly specific for Crohn’s disease (CD), but their sensitivity is low. The diagnostic value of PAB in pediatric